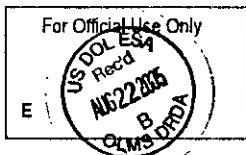


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12623	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Eric J Brown P.O. Box, Bldg., Room No., if any Street 1345 Northside Bld. City South Bend State Indiana ZIP Code + 4 46615	4. Name, file number, and address of labor organization. Name Sheet Metal Workers LU No. 20 Labor Organization File Number 515-617 P.O. Box, Building and Room Number, if any 20530 Street 2828 E. 45th St. City Indianapolis State Indiana ZIP Code + 4 46220-0530
5. Position in labor organization. Business Representative/Vice Presid	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name SMW L.U. #20 Joint Apprenticeship & Training Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite A Street 2828 E. 45th Street City Indianapolis State Indiana ZIP Code + 4 46205	7.a. Nature of Interest, Transaction, or Income. Expenses for attending the Regional Apprenticeship Contest 7.b. Amount. \$705.87

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Eric J. Brown</u>	On <u>7/5/2005</u> Date	<u>(574) 288-7175</u> Telephone Number

Name of Person Filing Eric Brown

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Robert W. Baird & Co., Inc.

Trade Name, if any: Baird

P.O. Box, Bldg., Room No., if any

Street 4220 Edison Lakes Parkway suite 100

City Mishawaka

State Indiana

ZIP Code + 4 46545

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Sheet Metal Workers LU #20 H & W Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2828 E. 45th St.

City Indianapolis

State Indiana

ZIP Code + 4 46220

11.a. Nature of such dealing.

Investment manager

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Holiday gift

12.b. Amount.

\$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing Eric Brown

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Stewart C. Miller & Co., Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2111 W. Lincoln Highway

City Merrillville

State Indiana

ZIP Code + 4 46410

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name South Bend Area Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2111 West Lincoln Highway

City Merrillville

State Indiana

ZIP Code + 4 46410

11.a. Nature of such dealing.

Third party administrator

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Holiday gift

12.b. Amount.

\$31

Name of Person Filing Eric Brown	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CaremarkRx</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 2211 Sanders Road</p> <p>City Northbrook</p> <p>State Illinois ZIP Code + 4 60062</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name SMW Local Union #20 Welfare and Benefit Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 55287</p> <p>Street 2828 E. 45th Street</p> <p>City Indianapolis</p> <p>State Indiana ZIP Code + 4 46205</p>	<p>11.a. Nature of such dealing.</p> <p>Pharmacy Benefit Manager</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner and baseball game</p> <p>12.b. Amount. \$87</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing Eric Brown

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Legacy Professionals LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 30 N. LaSalle Street, #4200

City Chicago

State Illinois ZIP Code + 4 60602

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Local Union Auditor

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Promotional and Business Meetings during all meals.

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Eric J. Brown 7-5-05
Signature Date